

APPLICATION FOR BLOOD/URINE ALCOHOL ANALYSIS PROCEDURE APPROVAL

Complete this form to obtain authorization to perform alcohol analyses for s. 343.305(6)(a), Wis. Stats., by the method identified below. The State Laboratory of Hygiene will approve methods for alcohol analysis. Make your information sufficiently detailed to enable another chemist to duplicate your laboratory's procedure. Unknown specimens will be provided for methodology certification and an on-going proficiency testing program. Failure to provide complete information will result in a delay of procedure approval. Collection of the applicant's Federal Employer Identification Number (FEIN) is required by ss. 343.305(6)(e) and 73.0301, Wis. Stats. Failure to supply the number may result in denial of the application. The number will be disclosed only to the Department of Revenue for use in collection of tax delinquencies and to the Department of Workforce Development for use in administration of child and spousal support programs.

RETURN THIS APPLICATION TO:

Alcohol Program Coordinator
Wisconsin State Laboratory of Hygiene
Toxicology Section
2601 Agriculture Drive
PO Box 7996
Madison WI 53707-7996

**ATTACH A COPY OF YOUR LABORATORY PROCEDURE
AS IT APPEARS IN YOUR LABORATORY PROCEDURE MANUAL**

1. Name of Laboratory

Address	City	State/Zip
Telephone Number	E-mail Address	Federal Employer Identification Number

2. METHOD	3. ALCOHOL STANDARD(s)		4. CONTROL(s)	
(enter code from below)	Source	Values	Source	Values
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5. Instrument, name, model, etc. (Use separate page if needed.)

6. Commercial Kit (if used) Name and Manufacturer

7. Literature Reference(s) (MUST RETAIN COPY ON FILE)

Name of Individual Completing This Form

Date

QUESTION 2 METHOD CODES

1. Gas chromatography/headspace
2. Gas chromatography/injection
3. Alcohol dehydrogenase, automated
4. Alcohol dehydrogenase, kit or manual
5. Fluorometric
6. Other